

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G279		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/17/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371			
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/18/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR Subpart 483.470(j).</p> <p>Survey Date: 10/17/14</p> <p>Facility Number: 000799 Provider Number: 15G279 AIM Number: 100249030</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Jay-Randolph Developmental Services was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This two story facility was not sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 7 and had a census of 6 at the</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K01S046	<p>time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 wet location client care areas were provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens</p>		K01S046	<p>The 227 E. High St. home will be vacated within the next 2weeks. The residents will be moving to anew location, 644 E. North St., Portland, Indiana. This new location is equipped with GFCI.</p> <p>Attached is an estimate for the cost of materials andextraordinary labor it would be to ensure that the residents are protected byGFCI - a cost of \$4,670.00 at the 227 E. High St. location.</p> <p>This estimate was presented as a request to the ExecutiveCommittee of JRDS Board of Directors and the Executive Director and the requesthas been denied.</p>		11/04/2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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K01S120	<p>where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 10/17/14 from 11:54 a.m. to 11:57 a.m., in the laundry room and first floor bathroom had a GFCI receptacles on the wall within two feet of a sink. When the test button was pressed on the GFCI testing device, power was not interrupted indicating the GFCI receptacle was wired improperly. At the time of observation, the Group Home Manager acknowledged power was not interrupted when the receptacles were tested with the GFCI testing device.</p> <p>This deficiency was cited on 08/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(a) It is a door, stairway, passage, or hall</p>				<p>We are hoping to move the week of November 10, 2014.</p> <p>Residential Department Head, Executive Director and JRDSExecutive Committee Responsible</p>		

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	<p>providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p>						

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K01S155	<p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 5 client sleeping rooms were provided with a secondary means of escape. This deficient practice could affect 4 of 6 clients.</p> <p>Findings include:</p> <p>Based on interview and observations, the Group Home Manager on 10/17/14 from 10:50 a.m. to 11:52 a.m., confirmed the windows in the ground floor front sleeping room and the first floor east sleeping room could not be opened.</p> <p>This deficiency was cited on 08/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p>	K01S120	<p>The residents of 227 E. High St. will be moving into a new group home within the next two weeks – located at 644 E. North St., Portland, Indiana. To make the windows capable of opening in the 2 rooms cited, would require changing the existing windows in one of these rooms. The window in the NW bedroom would require a replacement of the N window to have an opening window. The East bedroom window has been released by the JRDS Maintenance team and is able to open.</p> <p>JRDS Residential Department Head responsible.</p>	11/04/2014			

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	<p>Based on record review and interview, the facility failed to protect 6 of 6 clients by providing a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review with the Group Home Manager on 10/17/14 at 12:00 p.m., the facility did have written policy and procedure for an impaired fire alarm system but the policy did not state the designated person conducting the fire watch shall be properly trained in the duties and responsibilities of a fire watch and be assigned no other duties. Based on an interview with the Group Home Manager at the time of record review, it was acknowledged the fire watch policy documentation lacked a statement indicating the person conducting the fire watch shall be properly trained prior to conducting a fire watch.</p> <p>This deficiency was cited on 08/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		K01S155	<p>(As addendum to the policy and procedures for an impaired fire alarm system). Now and in the future, per JRDS policy, the designated person conducting the fire watch will be properly trained in the duties and responsibilities of a fire watch by the Home Manager or a designee.</p> <p>Residential Department Head and Home Manager responsible.</p>		10/31/2014	

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